Form Approved OMB Number: 2070-0093

Approval Expires: 01/31/2006

												601010
0.0	254			FC	RN	M J	R			TRI Facility ID N	lumber	
0			Section 313	3 of the Eme	rgenc	y Pl	anning and C	Community		98108RL	MJR85	31E
	ed States ronmental	Protection		now Act of 1						Toxic Chemical,	Category o	r Generic Name
Agen		rotection	Superfund	Amendments	and	Rea	uthorization	Act		Chrom		
WHE	RE TO SI	END COMPL	ETED FORMS: 1	TRI Data Proc	ressin	o Cen	ter 2 AF	PROPRIATE	STATE		Enter "X	" here if
		or and coming to	MIDD FORMS. 1	P. O. Box 151		5 CO.		ee instructions		SHOOT IN STRUMENT	this is a r	evision
				Lanham, MD ATTN: TOXI			3 CAL RELEASE	INVENTORY	7		For EPA	use only
IMF	PORTAN	T: See instru	uctions to determ	ine when "No	t Apr	plical	ble (NA)" box	ces should be	check	ed.		
			PART	1. FACIL	ITY	[D]	ENTIFICA	TION INF	ORM	ATION	4	
SE	CTION	1. REPO	RTING YEAR	2004	_							
SEC	CTION	2. TRAD	E SECRET IN	FORMAT	ION							
l l	Are you c	laiming the to	oxic chemical iden	tified on page	2 trad	le sec	1					
2.1	Yes	(Answer que		Y	o not to to S		ver 2.2; 2.2	Is this copy		Sanitized		Unsanitized
Ι.		Attach subst	tantiation forms)		0 10 3	iectio	11.3)	(Ansv	ver only	if "YES" in 2.	1)	
SEC	CTION	3. CERTI	FICATION	(Important	: Re	ad a	nd sign aft	er complet	ing al	l form sectio	ns.)	
			wed the attached doc								ie and comp	olete and that
the a	mounts and	values in this re	eport are accurate bas	sed on reasonable	: estim	ates u	sing data availab	le to the prepare	ers of thi	s report.		
Name	e and officia	d title of owner/	operator or senior ma	magement officia	и:			Signat	,			Date Signed:
Ro	nald A	ltier, V	Vice Presid	ent Admi	nis	tra	tion	Kon	adr	1 10	too	6/29/05
SE	ECTION	4. FACIL	LITY IDENTI	FICATION				no	11 10	11/19	11,	7/6
4.1		•			TRI	Facilit	y ID Number	98108	RLMJ	8531E		to all
		shment Name	Ţ.,,		Facil	ity or	Establishment N	ame or Mailing	Address	(If different from	street addre	ess)
Street	-	n rorge	Corporatio	n	Mai	ling A	ddress		-			
	85	Tarabata and the same of the s	rginal Way	S								
City/C	County/State				_	/State/	Zip Code		•		<u>c</u>	Country (Non-US
4.2 h			King County									
7.3		ntains informat Check a or b; ch	eck c or d if applicab		acility	re	100	Part of a facility	c	A Federal facility	d	GOCO
1.3 Te	echnical Co	ntact Name	Ronald Alti	er'						one Number (inch		ie)
	Email Add		Condid Alti						1 2	06) 676-9	249	
			raltier@jor	gensenfo	rge	. CO	m.		lm t t			
4.4 Pt	ublic Contac		Ronald Alti	er					(20	one Number (incl.		ie)
4.5	SIC Code (s) (4 digits)	Primary a, 3462	1.				,				f.
_		Degrees	a, 3462 Minutes	b. Seconds	-	C.		d. Degree	P¢ .	e. Minutes		econds
4.6 I.	atitude	047	31	31			Longitude	122		18		18
4./	Dun & Brac Number (s)			cation Number lo.) (12 character	·s)	4.9		PDES Permit) (9 characters)				tion Well Code r(s) (12 digits)
a.	790885	842	a. WADOO	0602813		a.	NA			a. N.	A	
b.			b.		\Box	b.				b.		
SE	CTION	5. PAREN	NT COMPAN	Y INFORM	ATI	ON						
5.1	Name of Pa	rent Company	NA 🗶									
52	Parent Com	nany's Dun & F	Bradstreet Number	NA X								

D. . . .

the state of the s	brote compressing rottery	Турго	var takpitos. o tra	7.2000		rage	4 01 5
	ODIAD		1	RI Facility ID N			
	ORM R		L	98108RL			
PART II. TOXIC CHEMICA	L RELEASE INVENTORY REPO	ORTING FOR	um [oxic Chemical, C		r Generi	c Name
SECTION 1 TOYIC CHENICALLY	DENTENTA	Nom .		Chromium			
SECTION 1. TOXIC CHEMICAL I							w.)
1.1 CAS Number (Important: Enter only one r	number exactly as it appears on the Section 3	13 list. Enter cat	egory code if rep	orting a chemica	category	(.)	
1.2 Toxic Chemical or Chemical Category Na	me (Important: Enter only one name exactly	as it appears on	the Section 313 I	ist.)			
Chromium	1. 1.00 0 1.1.16						
1.3 Generic Chemical Name (Important: Com	plete only if Part 1, Section 2.1 is checked "	yes". Generic Na	me must be struc	cturally descriptive	/e.)		
(If there are any numbers in boxes 1-17, the	xin and Dloxin-like Compounds Categor en every field must be (illed in with either 0 ould equal 100%. If you do not have speciat 5 6 7 8 9	or some number	, indicate NA.)	d 100. Distributi	on should	16	17
NA X							
SECTION 2. MIXTURE COMPONI	ENT IDENTITY (Important:	DO NOT com	plete this sect	ion if you comp	leted Se	ection 1	above)
	lier (Important: Maximum of 70 characters		The state of the s				2001(4)
2.1				· · · · · · · · · · · · · · · · · · ·			
SECTION 3. ACTIVITIES AND U	SES OF THE TOXIC CHEMICA	LAT THE	ACILITY				
(Important: Check all			MULLIA				
3.1 Manufacture the toxic chemical:	3.2 Process the toxic	chemical:	3.3 Oth	erwise use th	e toxic	chemic	cal:
a. Produce b. Import	As a reactant						
If produce or import	a. As a feature and b. As a formulation com	nonent		a chemical pro	_	aid	
For on-site use/processing	c. As an article compone	,		a manufacturin cillary or other	_		
d. For sale/distribution As a byproduct	d. Repackaging	JII.	•. — , АМ	may or duter	usc		
f. X As an impurity	e. As an impurity						
SECTION 4. MAXIMUM AMOUNT	OF THE TOXIC CHEMICAL O	NSITE AT A	NY TIME DU	JRING THE	CALEN	DAR	YEAR
4.1 03 (Enter two digit code f	rom instruction package.)			1. A. V. 1		上版	
SECTION 5. QUANTITY OF THE	TOXIC CHEMICAL ENTERING	EACH ENV	RONMENT	AL MEDIUM	ONSI	ΓE	## 100 P.
	A. Total Release (pounds/year*)	B. Basis of l	Estimate	C. % From	n Storm	water	
14	(Enter a range code** or estimate)			C. 76 FIG	ıı ətorm	MAICI	
				Section 1	25°23'代别自20	arientes este	HO VIET
5.1 Fugitive or non-point NA X					, <u>(</u>	8.4	
5.2 Stack or point NA -					f 1	70.7	
air emissions XXI 5.3 Discharges to receiving streams or			ar one see		7.7	Discussion of the Control of the Con	
water bodies (enter one name per box)	Sec.						
Stream or Water Body Name							
5.3.1 NA							
5.3.2 NA							
5.3.3 NA							
If additional pages of Part II, Section 5.3 ar and indicate the Part II, Section 5.3 page no	The second control of	of pages in this					

(27)	SAMINI. Type of print, in	ead manachons before	compicui	g ioiii)			ApprovalEx	cpires. 01/3.	72000			-
	FORM R TRI Facility ID Number											
	PART II	. CHEMICAL -				LCONT	INUED)	17	9810	OSRLMJI emical, Cate	285	31E or Generic Name
						(00111	пчодду			mium	,	T T T T T T T T T T T T T T T T T T T
SE	CTION 5. QUANTI	TY OF THE TOX	ис сиг	EMICAL I	ENTERING	EACH	ENVIRO	NMENTA	L MED	IUM ON	SITE	(continued)
			NA		Release (pou		*) (enter ran	ige		Basis of Est	timat	e
5.4.1	Underground Injection to Class I Wells	n onsite	x									
5.4.2	Underground Injection to Class II-V Wells	onsite	x									
5.5	Disposal to land onsite				7.	, - 199						
5.5.1A	RCRA Subtitle Clandfo	ills	X.			100,000,000			Control of Street			
5.5.1B	Other landfills		X.									
5.5.2	Land treatment/applica farming	ation	x_									
5.5.3A	RCRA Subtitle C surface impoundments		X									
5.5.3B	Other surface impounds	inents	X									
5.5.4	Other disposal		X.									
	TON 6. TRANSFEI						OFF-SIT	E LOCAT	TIONS			
	SCHARGES TO PUF Total Quantity Trans					(TWs)						
6.1.A.1	Total Transfers (pour	nds/year*)	. and Da	1313 01 12312		Basis of I	Estimate	-				
0,1,7,1,1	(enter range code **	or estimate)				(enter	code)					
6.1.B	POTW Name							3				
_	Address						· · · · · ·					
City	71007000		State		Cor	unty					Zip	
6.1.B	POTW Name	<u> </u>									- 1	
POTW	Address											
City			State		Cou	inty					Zip	
If addit	ional pages of Part II, Se pox and indica	ction 6.1 are attache ate the Part II, Section				ges	(example:	1,2,3, etc.)				
SECT	TON 6.2 TRANSFER	S TO OTHER O	FF-SITE	LOCATI	IONS							
6.2	() Off-Site EPA Identific	ation Number (RCR	A ID No.)	ORD 08	94523	53					
Off-Sit	e Location Name	Chemical Wa	ste]	Manageı	ment of	the l	Northwe	est				
Off-Site	Address 1	7629 Cedar	Sprin	ngs Lar	ne							
City	Arlington			Oregon	Cou	inty Gi	lliam		Zip	97812		Country (Non-US)
Is locat	ion under control of repor	rting facility or pare	nt compar	ny?				Yes		X	No	

	TRI Facility ID Number												
PART II. CHEMI		FORM R SPECIFIC INF	(CONTINUED	98018RLMJR8531E TOxic Chemical, Category or Generic N									
						Chromium	n						
SECTION 6.2 TRANSFERS	го отн	HER OFF-SITE	LOCATIONS	(CONTINUED)									
A. Total Transfers (pounds/yea (enter range code**or estimate		B. Basis of E (enter code				f Waste Treatme ing/Energy Reco	nt/Disposal/ overy (enter code)						
^{1,} 6,557		1.			1. M ₄₁								
2.		2.			2. M								
3.		3.			3. M								
4.		4.		4. M									
6.2 Off-Site EPA Identificat	ion Numl	ber (RCRA ID No.)	ORQ000	014886									
off-Site Location Name Wasco County Landfill													
Off-Site Address 2550 Steele Road													
ity The Dalles State OR County Wasco Zip 97058 Country (Non-US)													
location under control of reporting facility or parent company? Yes No X													
A. Total Transfers (pounds/year (enter range code**or estimate)	Total Transfers (pounds/year*) B. Basis of Estimate C. Type of Waste Treatment/Disposal/												
1. 6,400		1.			1. M		(31.0.0000)						
2.		2,			2. M								
3.		3.			3. M								
4.		4.		*	4. M								
SECTION 7A. ON-SITE WAS													
I I Not Applicable (NA) -		no on-site waste tre		-	-								
a. General b. Waste	Treatme	nt Method(s) Seque	ence	c. Range of Influ	ent d. W	iste Treatment	e. Based on						
	r 3-chara	acter code(s)]		Concentration	Eff	iciency timate	Operating Data?						
7A.1a	_ 1	2		7A.1c	7	A.1d	7A.1e						
3 6	- ⁴	5 8				%	Yes No						
7A.2a 7A.2b	1	2		7A.2c	7.4	2d	7A.2e						
3 6	4 7	5 8				%	Yes No						
7A.3a 7A.3h	ī	2		7A.3c	7/	1,3d	7A.3e						
3	□ 4	5				%	Yes No						
7A 4a 7A.4b	1 7	8		74.4		43	70 (
	-, 1 -	2		7A.4c	12	.,4d	7A.4e						
. 6	7	5 8				%	Yes No						
7A.5a 7A.5b	1	2		7A.5c	7.4	5d	7A.5e						
3 6													
If additional pages of Part II, Section					х								

	FORM R											
	DADT II. CI	IEN ALC: A T		TION (CONTRACTO)			MJR8531E					
	PARI II. CH	EMICAL	-SPECIFIC INFORMA	TION (CONTINUED)			Category or Generic Name					
						Chromi	ım					
SE	CTION 7B. ON-SITE EN											
X	Not Applicable (NA)-	tream contai	no on-site energy recovery is ning the toxic chemical or che									
	Energy Recovery Methods [er	iter 3-charact										
	1 [2.	3	<u> </u>							
SE	CTION 7C. ON-SITE R											
X	X Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.											
	Recycling Methods [enter 3-character code(s)]											
1 [2	3.	4		 j	5					
6		-		,	-							
		7	8				10					
SEC	TION 8. SOURCE REI	DUCTION										
			Column A Prior Year	Column B Current Reporting Year	Column (Followin		Column D Second Following Year					
			(pounds/year*)	(pounds/year*)	(pounds/y	ear*)	(pounds/year*)					
8.1												
8.1a	Total on-site disposal to C Underground InjectionWel Subtitle C landfills, and otl	ls, RCRA	NA	NA	NA		NA					
8.1b	Total other on-site disposal releases		NA	NA	NA		NA					
8.1c	Total off-site disposal to C Underground Injection We Subtitle C landfills, and off	lls, RCRA	24,287	6	7;	- 2-3 -7,000	7-,934- -7,700					
8.1d	Total other off-site disposa releases	l or other	NA	NA6,600	NA	7,300	NA8,000					
8.2	Quantity used for energy ronsite	ecovery	NA	NA	NA		NA					
8.3	Quantity used for energy re offsite	ecovery	NA	NA	NA		NA					
8.4	Quantity recycled onsite		NA	NA	NA		NEA					
8.5	Quantity recycled offsite		NA:	NA	NA		NA					
8.6	Quantity treated onsite		NA	NA	NA		NA					
8.7	Quantity treated offsite		NA	NA	NA		NA					
8.8			s a result of remedial action a production processes (pour									
8.9	Production ratio or activity	index	$\frac{2004}{2003} - \frac{6227}{3738}$	= 1.66								
8.10	Did your facility engage in year? If not, enter "NA" in		reduction activities for this	chemical during the reporting								
	Source Reduction Activities [enter code(s)]			Methods to Identify Activity (e.	nter codes)							
8.10.1	NA	a.		b.		c.						
8.10.2		a.		b.		c.						
8.10.3 a. b.						c.						
8.10.4		a.		b		c.						
8.11	11 Is additional information on source reduction, recycling, or pollution control activities included with Yes No this report? (Check one box)											

(114	if OKTANT. Type of print, real	a mstractions before	ompremig form)			Approvatex	mes. UI	73172000		Page 1 of 5
.0	EBA		FO	RM	R			TRI Facility ID	Vumber	
40		Section 31	3 of the Emer	gency F	lanning and	Community		98108RI	MJR8	531E
	ited States vironmental Protection		now Act of 19					Toxic Chemical,	Category	y or Generic Name
Ag	ency	Superfund	Amendments	and Re	authorization	Act		Mangan	ese	
WE	IERE TO SEND COMPL	ETED FORMS: 1		_		PPROPRIATE		Description of the Control		"X" here if a revision
			P. O. Box 1513 Lanham, MD 2		•	See instructions	ın Appe	endix F)		PA use only
L						E INVENTORY	7			
IV	MPORTANT: See instru	ctions to determ	ine when "Not	Applic	able (NA)" bo	xes should be	check	ed.		
		PART	1. FACILI	TY II	ENTIFICA	TION INF	ORM	ATION	1	
SI	ECTION 1. REPO	RTING YEAR	2004	-						
SI	ECTION 2. TRADI	E SECRET IN	FORMATI	ON .:	,					
	Are you claiming the to	xic chemical iden	tified on page 2	trade se	1					
2.1	res (Answer que		1 Y 1		swer 2.2; 2.2	Is this copy		Sanitized		Unsanitized
	Attach subst	antiation forms)	Uu	to Secti	1011 3)	(Answ	er only	if "YES" in 2.	.1)	
SE	ECTION 3. CERTII	FICATION	(Important:	Read	and sign af	ter complet	ing al	l form section	ons.)	
	ereby certify that I have revie	wed the attached doc	uments and that, t	o the best	of my knowledge	e and belief, the su	ubmitted	l information is tru		mplete and that
the	e amounts and values in this re	eport are accurate bas	sed on reasonable	estimates	using data availa	ble to the prepare	rs of thi	s report.		
Na	me and official title of owner/	operator or senior ma	nagement official	:		Signature:	4			Date Signed:
R	onald Altier, V	ice Presid	ent Admin	istra	ation	Hon	e del	alle	20	6/29/05
5	SECTION 4. FACIL	ITY IDENTI	FICATION			Reo	110	Dal Al	Hon	7/1/1
4.1				TRI Faci	lity ID Number	98108	RLMJ	8531É	- Just	2 Million
	dity or Establishment Name orgensen Forge	Corneratio	_	Facility o	r Establishment	Name or Mailing	Address	(If different from	street ad	ldress)
Stre	eí T			Mailing	Address					
		ginal Way	S							
City	//County/State/Zip Code	ing County	TJA 98108		e/Zip Code					Country (Non-US)
4.2	This report contains informati	on for:	ſ Ar	n entire		Part of a	$\overline{}$	A Federal		GOÇO
	(Important: Check a or b; che	eck c or d if applicab	le) a. X fac	cility	Ь	facility	C.	facility	d.	
1.3	Technical Contact Name	Ronald Alti	er`			,		one Number (incl 06) 676-9		code)
	Email Address	altier@jor	rencenfor	CA C	Om.					
4.4	Public Contact Name	arcreigion	gensenioi	gesci	JII.		Teleph	one Number (incl	ude area	code)
	· R	onald Alti	er				(20	6) 676–92	.49	
4.5	SIC Code (s) (4 digits)	Primary a, 3462	ъ.	c.		d.		e,		f
4.6	Latitude Degrees	Minutes	Seconds		Longitude	Degree	es	Minutes		Seconds
	047 Dun & Bradstreet	31	21 2ation Number	-	Facility ?	122 NPDES Permit		18	round In	18 jection Well Code
4.7	Number (s) (9 digits)		lo.) (12 characters) 4.9		(s) (9 characters)		4.10 (UIC) I	[.D. Num	ber(s) (12 digits)
a.	790885842		0602813	a.	NA				A	
b.	ECTION C BARRA	b.	V INFORM	b.	NT			b.		
SECTION 5. PARENT COMPANY INFORMATION				<u> </u>						
5.1 Name of Parent Company NA X										
5.2	Parent Company's Dun & E	Bradstreet Number	NA X							

(1114)	Type of print, res	ad manuchoms be	store completing i	ormi				Approv	ai expires	. 01/31/200	76		Page	2 of 5
		T-1	nar n							-	cility ID N			
			ORM R								3108RL			
	PART II. TOXIC	CHEMICA	L RELEASE	INVE	NTOR	Y REPO	ORTING	FOR	M		Chemical, (r Generi	c Name
CIF	CTION 1 TOYIC CI	IEMICAL II	DENTITE			. D.C	NOT				nganes	the Real Property lies, the Re		
\vdash	CTION 1. TOXIC CH										complete			w.)
1.1	7439–96–5	Enter only one n	umber exactly as	it appear	rs on the	Section	13 list. En	ter cate	gory code	il reportin	g a chemica	il category	(.)	
1.2	Toxic Chemical or Chemic	al Category Nan	ne (Important: E	nter only	one nan	ne exactly	as it appe	ars on th	e Section	313 list.)				
~~	Manganese		1 1 100	1 0		1 / 16	" 0							
1.3	Generic Chemical Name (I	mportant: Com	plete only if Part	1, Section	n 2.1 is c	hecked "	yes". Gene	eric Nan	ne must b	e structural	ly descripti	ve.)		
1.4	(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17													
NA	x	T	Ĭ	Ť	_		1	T	T	T	1		10	1/
616	CTION 2. MIXTURE	COMPONE	NIT IDENTI	TV	/1-		DO NO	T	1-4- 41-3-			-lated C		-
SE	and the control of the same and										you com		ction 1	above.)
2.1	Generic Chemical Name Pr	ovided by Suppl		viaximu	1101 700	naracters	including	number	s, letters,	spaces and	punctuatio	n.)		
SE		nt: Check all		TOXI	ССН	EMICA	L AT T	HE FA	ACILIT	Y				
3.1	Manufacture the toxi	c chemical:	3.2	Pro	cess th	e toxic	chemica	al:	3.3	Otherwi	se use th	e toxic	chemic	cal:
a.		Import	$ $ a \square	Asan	eactant				а. П	Asachi	emical pro	cessina	aid	
	If produce or impo		ь. <u></u>	As a fo	ormulat	ion com	ponent		а. Н b. Н		nufacturir		ш	
c d		0	c.X	As an	article (compone	ent	1	с. 🗀		y or other			
e	As a byproduct		d		kaging				*					
f	X As an impurity		e.	As an	impurit	у								
SE	CTION 4. MAXIMUN	A AMOUNT	OF THE TO	XIC C	HEMI	CAL O	NSITE A	AT AN	Y TIMI	E DURI	NG THE	CALEN	DAR '	YEAR
4.1			rom instruction											
SEC	CTION 5. QUANTIT	TY OF THE	TOXIC CHE	MICAI	L ENT	ERING	EACH	ENVO	RONM	ENTAL	MEDIUM	1 ONSI	ГE	
			A. Total Relea		pounds/; e** or e			sis of E	stimate le)		C. % Fro	m Storm	water	
5.1	Fugitive or non-point air emissions	NA X												
5.2	Stack or point air emissions	NA X								·				
5.3	Discharges to receiving s water bodies (enter one	name per box)									4 7			4.4
	Stream or Water Boo	dy Name												
5.3.1	NA													
5.3.2	NA													
5,3,3	NA											_		
	itional pages of Part II, dicate the Part II, Section				e total i		of pages nple: 1,2							

(200	ONIZETT. Type of print,	cad mistructions octore	Completin	ig ioini)		Approvai	Expires: 01/3	1/2000		8 - 015
				RM R				9810	ity ID Numb	R8531E
ł	PART I	I. CHEMICAL -	SPECIF	FIC INFO	RMATION (CONTINUE))	Toxic Che	mical, Categ	gory or Generic Name
								Mang	ganese	-20.0000
SE	CTION 5. QUANTI	TY OF THE TOX	KIC CHI	EMICAL I	ENTERING F	EACH ENVIR	ONMENTA	L MED	IUM ONS	SITE (continued)
	·		NA		Release (pound ** or estimate	ls/year*) (enter i	range		Basis of Est	imate
5.4.1	Underground Injection to Class I Wells		x							
5.4.2	Underground Injection to Class II-V Wells	n onsite	x			·			2.	
5.5	Disposal to land onsite	3							建	
5.5.1A	RCRA Subtitle C landf	fills	X.							
5.5.1B			X.							
5.5.2	Land treatment/application	ation	X.							
5,5.3A	RCRA Subtitle C surface impoundments	1	X							
5.5.3B	Other surface impound	ments	X							
5.5.4	Other disposal		X							
	ION 6. TRANSFE						TE LOCA	TIONS		
	SCHARGES TO PUL Total Quantity Tran					Ws)			-	
	Total Transfers (pour		S and Da	ISIS OF ESTI		sis of Estimate	2			
0.1.A.1	(enter range code **	or estimate)				(enter code)		7-12		
					· · · · · · · · · · · · · · · · · · ·					
6.1.B	POTW Name									
POTW.	Address									
City			State		Count	у				Zip
6.1.B	POTW Name									
POTW	Address									
City	K		State		Count	у				Zip
If additi	ional pages of Part II, Se	ection 6.1 are attache ate the Part II, Section					e: 1,2,3, etc.)		
SECT	ION 6.2 TRANSFER	S TO OTHER O	FF-SITE	E LOCATI	ONS					
6.2. <u> </u>) Aff-Site EPA Identific	ation Number (RCR	LA ID No.)	ORD 0894	52353				
Off-Site	e Location Name	Chemical Wa	ste	Manager	ment of t	he North	west			
Off-Site	Address 1	.7629 Cedar	Sprin	ngs Lar	ie					
City	Arlington		2	Oregon	County	Gillian	n	Zip	97812	(Non-US)
Is locati	on under control of repo	orting facility or pare	nt compa	ny?			Yes		X	No

						TRI Facility ID	Number			
		100000 10-000	RM R			98018RL	MJR8531E			
	PART II. CHEM	ICAL-SPEC	IFIC INFO	RMATION	(CONTINUED	Toxic Chemical,	Category or Generic Name			
						Mangane	se			
	SECTION 6.2 TRANSFERS	TO OTHER (OFF-SITE L	OCATIONS	(CONTINUED)					
	A. Total Transfers (pounds/yet (enter range code**or estima		B. Basis of Esti (enter code)	imate		C. Type of Waste Treatm Recycling/Energy Rec				
	^{1,} 25,384	1.	M			1. M ₄₁				
	2.	2.				2. M				
ı	3.	3.				3. M				
I	4.	4.				4. M				
İ	6.2 Off-Site EPA Identifica		CRAID No.)	ORQ00	0014886					
I	Off-Site Location Name Was	co County	v Landfi	11	7000 J					
l	0.00.00	0 Stele H								
Ì	City Dalles	1	regon Count	Wasco	Zip (97058	(Non-US)			
ļ	Is location under control of reporting			1 110000	Yes	· ·	No X			
Ì	A. Total Transfers (pounds/year		. Basis of Esti	mate		C. Type of Waste Treatmen				
١	(enter range code**or estimate) 161;-324 250,000	1.	(enter code)			Recycling/Energy Reco	overy (enter code)			
	2.	2.				2. M				
ŀ										
	3.	3.				3. M				
ŀ	4. SECTION 7A. ON-SITE WAS	4. STE TREATM	ENT METH	IODS AND E	EFFICIENCY	4. M				
ŀ	Not Applicable (NA) Chec	k here if no on-s					· · · · · · · · · · · · · · · · · · ·			
	LA. Waste	stream containi				·				
	1400 Carried Marketine Control	e Treatment Met er 3-character co		ce	c. Range of Influe Concentration		e. Based on Operating Data?			
	7A.1a 7A.1b	1	2		7A.1c	7A.1d	7A.1e			
	3 6	4 7	5 8			%	Yes No			
	7A.2a 7A.2b	1	2		7A.2c	7A.2d	7A.2e			
	3	4 7	5			%	Yes No			
	7A.3a 7A.3h	1	2		7A.3c	7A.3d	7A.3e			
	3	4 🗀	5			%	Yes No			
	7A.4a 7A.4b	7	8		7A.4c	7A.4d	7A.4e			
	3	7 4	5				Yes No			
	6	7	8			%				
	7A.5a 7A.5b 3	¬ 1			7A.5c	7A.5d	7A.5e Yes No			
	6	4	5 8			%				
	If additional pages of Part II, Section	6.2/7A are attac	hed, indicate t			х				
	and indicate the Part II. Section 6.2/	7 page number is	this box:	(example	e: 1.2.3.etc.)					

Form Approved OMB Number: 2070-0093 Page 5 of 5 (IMPORTANT: Type or print; read instructions before completing form) Approval Expires: 01/31/2006 TRI Facility ID Number FORM R 98108RLMJR8531E PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED) Toxic Chemical, Category or Generic Name Manganese SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES Check here if no on-site energy recovery is applied to any waste Not Applicable (NA) stream containing the toxic chemical or chemical category. Energy Recovery Methods [enter 3-character code(s)] 1 SECTION 7C. ON-SITE RECYCLING PROCESSES Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category. Recycling Methods [enter 3-character code(s)] 5 6 8 10 SECTION 8. SOURCE REDUCTION AND RECYLING ACTIVITIES Column A Column B Column C Column D Current Reporting Year Prior Year Following Year Second Following Year (pounds/year*) (pounds/year*) (pounds/year*) (pounds/year*) 8.1 Total on-site disposal to Class I Underground Injection Wells, RCRA NA NA NA NA 8.1a Subtitle C landfills, and other landfills Total other on-site disposal or other NA NA NA NA 8.1b releases Total off-site disposal to Class I -104,917310,000 **---95-,378**280,00**0** R.Ic Underground Injection Wells, RCRA 363,665 ---86,-708-250,000 Subtitle Clandfills, and other landfills Total other off-site disposal or other ---NA----31,000 --NA----25,000 -NA----28,000 NA releases Quantity used for energy recovery NA NA NA NA Quantity used for energy recovery 8.3 NA NA NA NA offsite Ouantity recycled 8.4 NA NA NNA onsite NA NA 8.5 Quantity recycled offsite NA NA NA 8.6 Quantity treated onsite NA NA NA NA 8.7 Ouantity treated offsite NA NA NA NA Quantity released to the environment as a result of remedial actions, catastrophic events, 8.8 or one-time events not associated with production processes (pounds/year)* 2004 6227 Production ratio or activity index 8.9 Did your facility engage in any source reduction activities for this chemical during the reporting 8.10 year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11. Source Reduction Activities Methods to Identify Activity (enter codes) [enter code(s)] 8.10.1 NA 8.10.2 b. 8.10.3 b.

b.

this report? (Check one box)

8.10.4

8.11

a.

Is additional information on source reduction, recycling, or pollution control activities included with

Yes

No

		Olmi)			Approvat Expires			Page 1 of 5
.e.EbA]	FOR	M.	R		TRI Fa	cility ID Number	
VEFA	Section 313 of the f	Emergen	cy P	lanning and Co	mmunity	98	108RLMJR8	531E
United States Environmental Protection	Right-to-Know Act					Toxic C	Chemical, Categor	y or Generic Name
Agency	Superfund Amendm	ents and	i Rea	authorization A	ct		Nickel	
WHERE TO SEND COMPLET	TED FORMS: 1. TRI Data	Processi	ng Ce	nter 2. APP	ROPRIATE STA	TE OFFIC	E Enter	"X" here if
	P. O. Box Lanham,		2 151		instructions in A	Appendix F)		a revision A
				CAL RELEASE I	NVENTORY		. 101.51	Truse only
IMPORTANT: See instruct	ions to determine when	"Not Ap	plica	ble (NA)" boxe	s should be cho	ecked.		
	PART 1. FAC		ID.	ENTIFICAT	ION INFOR	RMATIC	N	
SECTION 1. REPORT	TING YEAR 2004	<u> </u>						
SECTION 2. TRADE	SECRET INFORM	ATION	I :					
Are you claiming the toxic	c chemical identified on p	age 2 tra	de se	1 1				
Yes (Answer questi	Oli 2.2,	(Do no			s this copy	San	nitized	Unsanitized
Attach substan	tiation forms)	00 10	Secur)	(Answer	—only if "YE	ES" in 2.1)	•
SECTION 3. CERTIFI	CATION (Import	ant: R	ead	and sign afte	r completing	all form	sections.)	
I hereby certify that I have reviewe	d the attached documents and	that, to the	best o	of my knowledge ar	nd belief, the subm	itted informa		mplete and that
the amounts and values in this repo	rt are accurate based on reaso	nable estir	nates	ising data available	to the preparers of	f this report.		
Name and official title of owner/ope	erator or senior management o	fficial:		Si	gnature:			Date Signed:
Ronald Altier, Vi	ce President Ad	minis	tra	tion	Frank	10	Albox	6/29/05
SECTION 4. FACILIT	TY IDENTIFICATI	ON			Rough	n And	Athan	2/1/2
4.1		TRI	Facili	ty ID Number	98108RL	MJ8531	E	2/2/10
Facility or Establishment Name		Fac	ility or	Establishment Nau	me or Mailing Add	lress (If diffe	erent from street ac	ldress)
Jorgensen Forge C	orporation	Ma	iling A	Address				
8531 E Marg	inal Way S							-
City/County/State/Zip Code	County UA 09		//State	/Zip Code		•		Country (Non-US)
12 This report contains information	ng County WA 98	Anent	ire	Pa	urt of a	A Fed	leral [7 0000
(Important: Check a or b; check	c or d if applicable) a. X				cility c.	facilit	50 C C C C C C C C C C C C C C C C C C C	GOCO
Technical Contact Name Ro	nald Altier`				Tel		676-9249	code)
Email Address		-				12007	010. 7247	
4.4 Public Contact Name	ltier@jorgensen	rorge	·co	m.	Tel	lephone Nun	nber (include area	code)
	nald Altier						76-9249	
SIC Code (s) (4 digits)	Primary b.		c.		d.	e.		f.
Degrees	Minutes Secon	ıds	, .	Longitude ·	Degrees		inutes	Seconds
6.6 Latitude 047	31 31				122		18	18
1.7 Dun & Bradstreet Number (s) (9 digits)	4.8 EPA Identification Numb (RCRA ID No.) (12 char		4.9	Facility NPI Number(s)	DES Permit (9 characters)	4.10		pection Well Code ber(s) (12 digits)
a. 790885842 E	WAD00060281	3	a.	NA		а.	NA	
).		b.			b.		
SECTION 5. PARENT	COMPANY INFO	кмаТ	ION		-			
5.1 Name of Parent Company	NA X							
5.2 Parent Company's Dun & Brad	dstreet Number NA X							

· commercial Co	TO HUMBOU	10/0 0035
Approval Expires:	01/31/2006	

(IM	PORTANT: Type or print; rea	d instructions be	fore completing	form)				Аррго	val Expires	01/31/200	16		Page	2 of 5
										TRI Fa	c:lity ID N	lumber		
		FO	DRM R							98	3108RL	MJR85	31E	
	PART II. TOXIC	CHEMICAL	L RELEASE	INVE	NTO	YREP	ORTING	FOR	M	Toxic	Chemical, (Category	or Generic	c Name
					211101				441		cke1			- Tuttle
SE	CTION 1. TOXIC CH	EMICAL II	DENTITY		(Impor	tant: De	NOT co	mnlet	e this sect		and the latest designation of the latest des	ed Section	n 2 halo	
\rightarrow	CAS Number (Important: E		PRODUCTION OF THE PROPERTY OF											w.)
1.1	7440-02-0	mer only one n	uniber exactly a	is it appe	ars off u.	C Section .	713 Hat. 12H	ner cat	egory code	ti reportin	gachemic	ai categor	y.1	
1.2	Toxic Chemical or Chemica	il Category Nan	ne (Important:	Enter on	ly one ne	me exactl	y as it appea	ars on	the Section	313 list.)				
1.2	Nickel													
1.3	Generic Chemical Name (In	nportant: Com	olete only if Par	t 1, Secti	ion 2.1 is	checked "	yes". Gene	eric Na	me must be	structural	ly descripti	ve.)		
	7/11/11/11/11													
1.4	Distribution of Each Mem (If there are any numbers in							umher	hetween 0	01 and 100	Dietribut	ion choul	d	
	be reported in percentages a										. Distribut	ion shoun	u	
<u>ر</u>	1 2 3	4	5 6	7	8	9	10	11	12	13	14	15	16	17
NA	X				.3	<u> </u>								
SE	CTION 2. MIXTURE	COMPONE	NT IDENT	ITY	(In	nportant:	DO NO	T com	plete this	section if	you com	pleted S	ection 1	above.)
	Generic Chemical Name Pro	ovided by Suppl	ier (Important:	Maxim		-								
2.1											•			
SE	COLONIA A CONTURNA	TO AND YIE	THE OF THE	- MOX	70.0	TENOC	. T. A. (1) (1)			717				
SE	CTION 3. ACTIVITI	ES AND US		ETUX	uc ci	1EMICA	ALAI I	HE	ACILII	Y				
2.1				7				, 1		041			.1 .	1
3.1	Manufacture the toxic		3.2	Pr	ocess	he toxic	chemica	al;	3.3	Otherwi	se use th	ie toxic	chemic	cal:
a.		mport	— a.□	As a	reactar	nt			a. [As a che	mical pro	ressing	aid	
	If produce or impor		b.	As a	formul	ation con	ponent	- 1	b.		nufacturi	_	ara	
c	·	_	c. 🔽			compon					y or other	Ų		
d	As a byproduct	on	d.		ckagin		CIII		بب	Anchia	y or outer	use		
e	As an impurity		e.	•	inipur	-								
SE.	CTION 4. MAXIMUM	AMOUNT	OF THE TO				NCITE A	TAR	VV TTMO	DIDIN	VC THEF	CALER	TDAD Y	VEAD
4.1		vo digit code fr				ICAL O	NOTTE	TI A		DUKI	NG THE	CALE	IDAR .	TEAR
OE/	<u> </u>	Y OF THE				redia	FACIT	END	DONAG	ENTAL	AEDYLA	4 ONCE	TE	原
SEC	CTION 5. QUANTIT	Y OF THE								ENIALI	VIEDIUN	I UNSI	1 E	
			A. Total Rele (Enter a ra		**	s/year*)			Estimate		C. % Fro	m Storm	water	
			(Elliel a la	nike cor	ic. or	estimate)	(er	nter co	ae)				Ř	
5.1	Fugitive or non-point	NA X												
5.2	Stack or point	NA 🔻								. 3	- 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
5.3	air emissions Discharges to receiving s	treams or					4					0.6		7
	water bodies (enter one n		Establication					SSME		Secretary 1	对一注题的	*		
c21	T	-	1											
5.3.1	NA													
5.3.2	NANA	· · · · · · · · · · · · · · · · · · ·												
5.3.3	NA													
If add	itional pages of Part II, S	Section 5.3 are	e attached, inc	dicate t	he tota	number	of pages	in this	box					
	dicate the Part II, Section						mple: 1,2			لــــا				

Form Approved OMB Number: 2070-0093 Page 3 of 5 (IMPORTANT: Type or print, read instructions before completing form) Approval Expires 01/31/2006 TRI Facility ID Number FORM R 98108RLMJR8531E PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED) Toxic Chemical, Category or Generic Name Nickel SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (continued) A. Total Release (pounds/year*) (enter range B. Basis of Estimate NA code ** or estimate) (enter code) Underground Injection onsite X 5.4.1 to Class I Wells Underground Injection onsite 5.4.2 X to Class II-V Wells Disposal to land onsite 5.5.1A RCRA Subtitle Clandfills X 5.5.1B Other landfills X Land treatment/application 5.5.2 X farming RCRA Subtitle C X 5.5.3A surface impoundments 5.5.3B Other surface impoundments X 5.5.4 Other disposal X SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS 6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) 6.1.A Total Quantity Transferred to POTWs and Basis of Estimate 6.1,A.1 Total Transfers (pounds/year*) 6.1.A.2 Basis of Estimate (enter range code ** or estimate) (enter code) POTW Name 6.1.B POTW Address State County Zip City POTW Name

				<u> </u>							1	
f addit n this b	1.0		I, Section 6.1 are attach ndicate the Part II, Sec				(example: 1,2	.,3, etc.)				
SECT	TON 6.2 7	TRANS:	FERS TO OTHER	OFF-SI	TE LOCATIONS							
6.2	∐ ,Dff-Site	EPA Idei	ntification Number (RC	RAIDN	(o.) ORD	08945	52353					
Off-Sit	e Location l	Vame	Chemical Wa	aste	Management	of th	ne Northwes	t		_		
Off-Site	Address		17629 Cedar	Spr	ings Lane							
lity	Ar1i	ngton	n	State	Ore gon	County	Gilliam		Zip	97812	(Non-US)	
s locat	ion under co	ontrol of	reporting facility or par	rent com	pany?			Yes		X No)	

County

State

6.1.B

City

POTW Address

(LIVII CREATE)	type of pri	m, read msi	Tuctions o	Clore complete	ing rorin	,		Арр	IOVAI EX	TRI Facility ID N	(umber
			Ţ	FORM	I R						
PAI	RT II.	CHEMI				RMATION	(CONT	INUEI))	98018RLM	MJR8531E Category or Generic Name
							(00.11		7	Nickel	5 / Talle I talle
ON CONTON CA						0.01000000				Nickel	
SECTION 6.2							(CONTI	NUED)			
A. Total Trans (enter range					s of Est er code)					Type of Waste Treatme Recycling/Energy Reco	
^{1.} 698				1. M					1. N	1 41	
2.				2.					2. N	1	
3.				3.					3. N	1	
4.				4.					4. N	1	
6.2 Off-S	ite EPA I	dentificati	on Numb	er (RCRA II	ONo.)	ORQ000	0014886				
Off-Site Location	Name	Wasco	Coun	ty Landi	fill						
Off-Site Address	2550) Steele	Road							, ,,,,	
City The Dal	les		State	OR	Coun	wasco Wasco		Zip 9'	7058		(Non-US)
Is location under o	control o	f reporting	facility o	or parent com	ipany?			Yes [No X
A. Total Transfer (enter range of		unds/year* estimate))	B. Basis	of Esti er code)					ype of Waste Treatmen Recycling/Energy Reco	The state of the s
1, 28,000				1.	1.13.10				1. M	[
2.				2.					2. M	Į.	
3,				3.					3. M	(
4.				4				w	4. M	r	
SECTION 7A.	ON-SI	TE WAS	TE TRE	EATMENT	METI	IODS AND I	EFFICIE	YCY	11 11/2		
X Not Applic	able (NA	1)-				tment is applied hemical or cher		огу.	•		
a. General		b. Waste	Treatine	nt Method(s)	Sequer	ice	c. Rang	e of Influ	ent	d. Waste Treatment	e. Based on
Waste Stream (enter code)		[enter	: 3-chara	cter code(s)			Con	centratio	1	Efficiency Estimate	Operating Data?
7A.1a	7A.1b		_ 1		2		7A.	1c		7A.1d	7A.1e
	3		4 7		5					%	Yes No
7A.2a	7A.2b		_ 1		2		7A.2	c		7A.2d	7A.2e
	3		4 -		5					%	Yes No
7A.3a	6 7A.3b	1	17		2		7A,3	ic	\rightarrow	7A.3d	7A.3e
71104	3 [-	7 4		5						Yes No
	6		7 7		8					%	
7A.4a	7A.4b		1		2		7A.4	c		7A.4d	7A.4e
	3 6		4 7		5 8					%	Yes No
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	3 6] <u> </u>		5					%	Yes No
If additional pages		I, Section 6	7 5.2/7A ar	re attached_ in	8 ndicate	the total numb	er of pages	in this bo	х		
and indicate the Pa							e: 1,2,3,etc		-	_	

	FORM R TRI Facility ID Number												
						081087	MJR8531E						
	PART II. CH	IEMICAL	-SPECIFIC INFORMA	TION (CONTINUED)			Category or Generic Name						
						Nickel	Gonerie Name						
SE	CTION 7B. ON-SITE EN	ERGYRE	COVERY PROCESSES			MILONO							
X	Not Applicable (NA) -	Check here it	no on-site energy recovery is	applied to any waste									
			ning the toxic chemical or che	mical category.									
	Energy Recovery Methods [en	iter 3-charact	ter code(s)]		,								
	1		2.	. 3	L								
SE	CTION 7C. ON-SITE R	ECYCLIN	G PROCESSES										
X	Not Applicable (NA) -		on-site recycling is applied to	5 15071 - SALESSAN SALES									
	stre		ng the toxic chemical or chemi	cal category.									
_	Recycling Methods [enter 3-ch	iaracter code	(s)]				3						
1		2	3.	4			5						
6		7		9			10						
SEC													
0150	SECTION 8. SOURCE REDUCTION AND RECYLING ACTIVITIES Column A Column B Column C Column D												
	Column A Column B Column C Column D Prior Year Current Reporting Year Following Year Second Following Year												
			(pounds/year*)	(pounds/year*)	(pounds/		(pounds/year*)						
8.1													
8.1a	Total on-site disposal to Class I												
8.1b	Total other on-site disposal releases	or other	NA	NA	NA		NA						
&lc	Total off-site disposal to C Underground Injection We Subtitle C landfills, and other	lls, RCRA	0	698 28,000	7 6	8- -31,000	844 34,000						
8,1d	Total other off-site disposa releases	i or other	NA	NA700	NA	770	NA850						
8.2	Quantity used for energy re onsite	ecovery	NA	NA	NA		NA						
8.3	Quantity used for energy re offsite	ecovery	NA	NA	NA		NA						
8.4	Quantity recycled onsite		NA	NA .	NA		NNA						
8.5	Quantity recycled offsite		NA.	NA ·	NA		NA						
8.6	Quantity treated onsite		NA.	NA.	NA		NA						
8.7	Quantity treated offsite		NA.	NA NA	NA		NA						
8.8			s a result of remedial action production processes (pour										
8.9	Production ratio or activity		2004 6227	_ 1 66									
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting												
9.10	year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.												
	Source Reduction Activities [enter code(s)]			Methods to Identify Activity (e	nter codes)								
8.10.1	NA	a.		b.		c.							
3.10.2		а		b.		с.							
3.10.3		a,		b.		c.							
3.10.4		a.		b		c.							
8.11	1 Is additional information on source reduction, recycling, or pollution control activities included with Yes No this report? (Check one box)												

Form Approved OMB Number: 2070-0093

Approval Expires: 01/31/2006

A EDA		FO	RN	11	3				TRI Fac	ility ID Nu	umber	
OCTA	Section 313	of the Emer	rgency	/ Pl:	anning and (Co	mmunity	Ĺ	98	108RL	MJR85	31E
United States Environmental Protection		now Act of 1							Toxic C	hemical, C	Category o	r Generic Name
Agency	Superfund	Amendments	and	Rea	uthorization	A	ct		C	hromi	um	
WHERE TO SEND COMPLE	TED FORMS: 1	P. O. Box 151 Lanham, MD ATTN: TOXIO	3 20703-	-1513	(S	See	PROPRIATE S instructions i				this is a	"here if X evision X use only
IMPORTANT: See instruct	tions to determ							ahaalta	4			
EMI ORIAIVI, See instruc		1. FACIL				_				N :		
SECTION 1. REPORT			_				2011 212	-		+		
SECTION 2. TRADE	SECRET IN	FORMATI	ION	'		_						
Are you claiming the toxi	c chemical iden	tified on page	2 trade	sec	ret?	T						
Yes (Answer quest Attach substar	ion 2.2; ntiation forms)	X No (D	o not o to Se		- 1	I	s this copy (Answ	er only		itized S" in 2.1	Ш	Unsanitized
SECTION 3. CERTIFI	CATION	(Important	Res	ad a	nd sign af	te	`					
I hereby certify that I have reviewe					•			_				plete and that
the amounts and values in this repo	ort are accurate bas	sed on reasonable	estima	tes us	sing data availa	ble	to the preparer	rs of this	report.			
Name and official title of owner/op	erator or senior ma	nagement officia	1:			Si	gnat	,				Date Signed
Ronald Altier, Vi	ce Presid	ent Admi	nist	ra	tion		Kon	del	3	901	100	6/29/05
SECTION 4. FACILI	TY IDENTI	FICATION					hor	100	11	A	11,	7/6
4.1			TRI F	acilit	y ID Number	•	981081	RLMJ	3531	E		17
Facility or Establishment Name Jorgensen Forge	'ornoratio	n	Facili	ty or	Establishment I	Var	me or Mailing A	Address	(If diffe	rent from s	treet addr	ess)
Street T .			Maili	ng A	ddress	_						
8531 E Marg	inal Way	S	City	State	Zip Code	_						
City/County/State/Zip Code Tukwila, Ki	na County	WA 9810		state)	ZipCode						1	Country (Non-US
2 This report contains information	The second secon	A	n entire	:		Pa	art of a		A Fed	eral		Goco
(Important: Check a or b, check	c or d if applicabl	le) a. X fa	cility		b	fac	Cility	c	facility		d.	
3 Technical Contact Name Ro	nald Alti	er					ŀ			ber (includ		de)
Email Address	74404											
4 Public Contact Name	ltier@jor	gensento.	rge.		II.			Telepho	ne Num	ber (includ	de area co	de)
	nald Alti	er				_		(206		76-924		
5 SIC Code (s) (4 digits)	Primary 3462	h					d.					f.
a. Degrees	Minutes	b. Seconds		C.	Longitude		Degree:	s	ę. M	inutes	S	econds
6 Latitude Degrees 047	31	31	\Box				122			18		18
7 Dun & Bradstreet Number (s) (9 digits)		cation Number (o.) (12 character	s)	4.9			DES Permit (9 characters)		4.10			tion Well Code r(s) (12 digits)
170007012		0602813	_	a	NA	_			a.	NA.		
	b.	V DIEGO		b.		_			b.			
SECTION 5. PARENT	COMPAN	YINFORM	ATIC	N		_						
Name of Parent Company	NA 🗶											
Parent Company's Dun & Bra	dstreet Number	NA X										

Approval Expires: 01/31/2006

	Page 2 of 5
hon	

							TRI Fa	cility ID N	umber	-	
		FC	DRM R				98	108RL	MJR85	31E	
	PART II. TOXIC	CHEMICAL	RELEASE IN	VENTORY REP	ORTING FO	RM		Chemical, C			ic Name
								romiu			
SE	CTION 1. TOXIC CH	IEMICAL II	DENTITY	(Important: DC	NOT comple	te this sect				n 2 belo	w.)
1.1	CAS Number (Important:	Enter only one n	umber exactly as it ap	opears on the Section	313 list. Enter ca	tegory code	if reporting	g a chemica	l categor	y.)	
\vdash	7440-47-3. Toxic Chemical or Chemic	al Catagory Non	a /Important: Enter	and an an annual report		sha Castian	710 1:-+ \				
1.2	Chromium	ar Category Nan	ie (important: Enter	only one name exacti	y as it appears on	the Section	313 HSt.)				
1.3	Generic Chemical Name (I	mportant: Comp	olete only if Part 1, Se	ection 2,1 is checked "	yes". Generic N	ame must be	structural	y descripti	ve.)		
1.4	Distribution of Each Men (If there are any numbers in be reported in percentages 1 2 3	n boxes 1-17, the and the total shot	n every field must be	tilled in with either (or some number	e, indicate N		. Distributi	ion shoul	d 16	17
NA	X										T
SE	CTION 2. MIXTURE	COMPONE	NT IDENTITY	(Important:	DO NOT cor	nnlete this	section if	von comi	oleted S	ection 1	above)
2.1	Generic Chemical Name Pr	rovided by Suppl	ier (Important: Maxi	mum of 70 characters	, including numb	pers, letters,	spaces and		·		25014.)
SE	CTION 3. ACTIVIT	IES AND US nt: Check all 1		OXIC CHEMICA	AL AT THE	FACILIT	Y				
3.1	Manufacture the toxi	c chemical:	3.2	Process the toxic	chemical:	3.3	Otherwi	se use th	e toxic	chemic	cal:
a.		Import	a. As	a reactant		a. —	As a che	mical pro	cessing	aid	
	If produce or important For on-site use/pr			a formulation con	ponent	b.		nufacturin	_		
d	`	_	c.X As	an article compon	ent	с. 🗀	Ancillar	y or other	use		
e	As a byproduct			packaging							
f.	X As an impurity		e. As	an impurity					4704		
SE	CTION 4. MAXIMUN	M AMOUNT	OF THE TOXIC	CHEMICAL O	NSITE AT A	NY TIMI	E DURIN	G THE	CALE	VDAR	YEAR
4.1	03 (Enter to	wo digit code fr	om instruction pack	(age.)					٠,5	L	
SEC	CTION 5. QUANTIT	TY OF THE T	TOXIC CHEMIC	CAL ENTERING	EACH ENV	TRONMI	ENTAL	MEDIUM	ONSI	TE	
			A. Total Release (Enter a range of	(pounds/year*) code** or estimate)	B. Basis of (enter c			C. % Froi	m Storm	water	
5.1	Fugitive or non-point air emissions	NA X								40	3
5.2	Stack or point air emissions	NA X									۶°,
5.3	Discharges to receiving water bodies (enter one	name per box)	30.								
	Stream or Water Boo	dy Name									
5.3.1	NA										
5.3.2	NA										
5.3.3	NA										
	itional pages of Part II,			e the total number	of pages in the	is box					

(27.12	SAMENT. Type of pran, read instit	ictions before completing	5 101111)		Approval E	expires. 01/3	1/2000						
	FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED) TRI Facility ID Number 98108RLMJR8531E Toxic Chemical, Category or Generic Name												
							Chro	mium					
SE	CTION 5. QUANTITY OF	THE TOXIC CHE	MICAL I	ENTERING E	ACH ENVIRO	ONMENTA	L MED	IUM ONSI	ΓE (continued)				
		. NA		Release (pounds		inge		Basis of Estimenter code)	ıate				
5.4.1	Underground Injection onsite to Class I Wells	x											
5.4.2	Underground Injection onsite to Class II-V Wells	x											
5.5	Disposal to land onsite												
5.5.1A	RCRA Subtitle Clandfills	X.	311										
5.5.1B	Other landfills	X											
5.5.2	Land treatment/application farming	x											
5.5.3A	RCRA Subtitle C surface impoundments	X											
5.5.3B	Other surface impoundments	X											
5.5.4	Other disposal	X											
	ION 6. TRANSFERS OF					TE LOCA	TIONS						
	SCHARGES TO PUBLICLY				Vs)								
	Total Quantity Transferred		sis of Esti		is of Estimate	••							
6.1.A.1	Total Transfers (pounds/year (enter range code ** or estimate)	nate)			enter code)		.,						
6.1.B	POTW Name					9							
POTW.	Address												
City .		State		County				Zi	Þ				
6.1.B	POTW Name												
POTW	Address												
City		State		County				Zi	р				
If additi	onal pages of Part II, Section 6.	l are attached, indicate Part II, Section 6.1 pag			(example:	: 1,2,3, etc.))						
SECT	ION 6.2 TRANSFERS TO	OTHER OFF-SITE	LOCAT	IONS									
6.2X	7 Dff-Site EPA Identification No	umber (RCRA ID No.)		ORD 0894	52353								
Off-Site	Location Name Chemi	cal Waster N	Manage	ment of t	he Northw	rest							
Off-Site	Address 17629	Cedar Sprin	igs Lar	ne									
City	Arlington		regon	County	Gilliam		Zip	97812	(Non-US)				
Is locati	on under control of reporting fac	cility or parent compar	ny?			Yes		X N	0				

	FORM R													
PA	PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED) 98018RLMJR8531E Toxic Chemical, Category or Generic Name Chromium													
										Chromium	n			
SECTION 6.2	2 TRAN	SFERS TO	ОТІ	HER OFF-S	ITE I	OCATIONS	(CONTIN	(UED)						
A. Total Tran (enter rang		ounds/year*) or estimate)		B. Basi (ente	s of Es					of Waste Treatme cling/Energy Reco				
1. 6,557				1.					1. M ₄₁					
2.				2.					2. M					
3.				3.					3. M	· · · · · · · · · · · · · · · · · · ·	202.2			
4.				4.					4. M					
6.2 Off-S	Site EPA I	dentification	Num	ber (RCRA II) No.)	ORQ000	014886							
Off-Site Location Name Wasco County Landfill														
Off-Site Address 2550 Steele Road														
City The Dalles State OR County Wasco Zip 97058 Country (Non-US)														
Is location under control of reporting facility or parent company? Yes No X														
A. Total Transfers (pounds/year*) B. Basis of Estimate C. Type of Waste Treatment/Disposal/														
2				2.					2. M					
3.				3.					3. M					
4.				4.				÷	4. M					
SECTION 7A.	ON-SI		_	EATMENT				CY						
X Not Applic	able (NA	0 -				tment is applied hemical or cher	-	ory.	3. - 1					
a. General Waste Stream				nt Method(s) acter code(s)]	Seque	nce		e of Influ- centration		Waste Treatment Efficiency	e. Based on Operating Data?			
(enter code) 7A.1a	7A.1b	1	1.		2	1	7A.	 1c	1	Facinate 7A.1d	7A.1e			
772.24	3] 4		5					%	Yes No			
	6		7		8									
7A.2a	7A.2b		1		5		7A.2	c	+	7A.2d	7A.2e Yes No			
	6		7		8					%				
7A.3a	7A.3h		I		2		7A.3	c		7A.3d	7A.3e			
	6		7		5					%	Yes No			
7A.4a	7A.4b	J	1		2		7A.4	c		7A.4d	7A.4e			
	3 6	-	4 7		5 8					%	Yes No			
7A.5a	7A.5b]	1		2		7A.5	с		7A.5d	7A.5e			
	3 6		4 7		5 8					%	Yes No			
If additional pages and indicate the Pa			/7A, a			$\overline{}$	er of pages e: 1,2,3,etc		х					

	FORM R TRI Facility ID Number													
					9810881	LMJR8531E								
	PART II. CH	IEMICAL	-SPECIFIC INFORMA	TION (CONTINUED)		Category or Generic Name								
					Chromi									
SE	CTION 7B. ON-SITE EN	ERGYRE	COVERY PROCESSES		Girona	.011								
X	Not Applicable (NA)-		no on-site energy recovery is ning the toxic chemical or che											
	Energy Recovery Methods [er	iter 3-charact	ter code(s)]											
	1		2.											
SE	CTION 7C. ON-SITE R	ECYCLIN	G PROCESSES											
X	Not Applicable (NA) -		on-site recycling is applied to ng the toxic chemical or chemi											
	Recycling Methods [enter 3-cl	naracter code	(s)]											
1 [, [i									
, F		2	3.			5								
6		7	8	9		10								
SEC	ECTION 8. SOURCE REDUCTION AND RECYLING ACTIVITIES													
	Column A Column B Column C Column D													
	Prior Year Current Reporting Year Following Year Second Following Year													
	(pounds/year*) (pounds/year*) (pounds/year*) (pounds/year*)													
8.1	Transfer discounting C	Name I												
8.1a	Total on-site disposal to Class I													
8.1b	Total other on-site disposa releases		NA	NA	NA	NA								
8.1c	Total off-site disposal to C Underground Injection We Subtitle C landfills, and of	lls, RCRA	24,287	6 , 557 -6,400	7,233 -7,000	7-,934- -7,700								
8.1d	Total other off-site disposa releases	l or other	NA	NA6,600	7,300	NA8,000								
8.2	Quantity used for energy ronsite	ecovery	NA	NA	NA	NA								
8.3	Quantity used for energy re offsite	ecovery	NA	NA	NA	NA								
8.4	Quantity recycled onsite		NA	NA	NA	NNA								
8.5	Quantity recycled offsite		NA.	NA ·	NA	NA								
8.6	Quantity treated onsite		NA	NA	NA	NA								
8.7	Quantity treated offsite		NA	NA	NA	NA								
8.8			s a result of remedial action production processes (pour											
8.9	Production ratio or activity		$\frac{2004}{3002}$ $\frac{6227}{3739}$	= 1.66										
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting													
	Source Reduction Activities [enter code(s)]			Methods to Identify Activity (e	nter codes)									
8.10.1	NA	a.		b.	c.									
8.10.2		a.		b.	c.									
8.10.3		a.		b.	c.									
8.10.4		a.		b	c.									
8.11	A4 Vo. No.													

	y p P						_	1 rpprovat Day					1 age 1	01.2
⊕ EDA			FO	RN	M I	3				TRI Fac	ility ID Num	ber		
OCTA		Section 313	3 of the Emer	genc	y Pla	anning an	d C	Community		981	08RLMJ	JR85	31E	
United States Environment			now Act of 19							Toxic C	hemical, Cat	egory o	or Generic	Name
Agency	a. 1. 1010011011	Superfund	Amendments	and	Rea	uthorizatio	on .	Act		Ма	nganes	e		
WHERE TO	SEND COMPLI	ETED FORMS: 1	. TRI Data Proc	essing	g Cen	ter 2.	AP	PROPRIATE	STATE		E	nter ">	" here if	X
			P. O. Box 151	3			(Se	ee instructions	in Appe	ndix F)			revision	
			Lanham, MD : ATTN: TOXIO				ASE	INVENTORY			. 10	OI EPA	use only	i
IMPORTA	NT: See instru	ctions to determ	ine when "No	t App	olical	ole (NA)"	box	es should be	checke	d.				
		PART	1. FACIL	ITY	IDI	ENTIFIC	CA'	TION INF	ORM	ATIO	N :			
SECTIO	N 1. REPOR	TING YEAR	2004	_										
SECTIO	N 2. TRADE	SECRET IN	FORMATI	ON	.:'									
Are you	claiming the to	cic chemical iden	tified on page	2 trad	le sec	ret?								
2.1 Ye	s (Answer ques	stion 2.2;	X No (D			,,	.2	Is this copy		Sani	tized		Unsanitiz	zed
	Attach substa	antiation forms)	G G	o to S	ectio	n 3)		(Ansu	er only	if "YE	S" in 2.1)			
SECTION	V3. CERTIF	TOATION	(Important	Da	ad a	nd sign	oft.					1		
The second second		ved the attached doc				-		-	100				plete and th	nat
		port are accurate bas											prese min u	Iuc
Name and off	icial title of owner/o	perator or senior ma	magement officia	l:			15	Signature:					Date S	Signed:
Popold	Altion V	ice Presid	ont Admir	21.01	tra	tion	+	Pour	» Ned	A	Miss		6/29	/05
		ITY IDENTI		113	LIA	LION	-	TON		1 and	BL	/	7	1,1
4.1	M 4. FACIL	III IDENII	FICATION	lam v r	7 11:	ID W I	+	98108	DIMI	05211	MA	02)	_ X/	6/1/
	blishment Name			_		y ID Numbe Establishme	_	ame or Mailing				et add	ress)	-
		Corporatio	n	-										
Street	3531 E Mar	ginal Way	S	Mail	ling A	ddress								
City/County/S	-	8		City/	State/	Zip Code	_						Country (N	(on-US)
		ing County	WA 98108	8									country (11	<u> </u>
	contains information	on for: ck c or d if applicabl		n entir	re	ь. 🔲		Part of a facility	c.	A Fede		d.	GOC	0
	Contact Name	ex c or a rappressor	ic) u	chity		<u> </u>	1	acinty			ber (include		ide)	
1.3	. R	onald Alti	er								76-924			
Email A		altier@jor	censenfo	rae	COI	n								
4.4 Public Con	ntact Name	arcrejor	<u>genbeniro</u>	50.			_		Teleph	one Num	ber (include	area co	de)	
	· R	onald Alti	er						(20)	5) 67	6-9249			
4.5 SIC Code	e(s)(4 digits)	Primary , 3462	ь.	i	c.			d.		e.			f.	
4.6 Latitude	Degrees	Minutes	Seconds			_ongitude		Degree	es		nutes	5	Seconds	
	047	31	31					122		1	8		18	0.4.
	radstreet (s) (9 digits)		cation Number lo.) (12 characters	s)	4.9			PDES Permit (9 characters)		4.10	Underground (UIC) I.D.	Numbe Numbe	er(s) (12 di	gits)
a. 79088	35842	a. WADOO	0602813		a.	NA				a.	NA			
b.		b.			b.		_			b.				
		T COMPAN	Y INFORM	ATI	ON		_							
5.1 Name of	Parent Company	NA 🗶												
5.2 Parent C	ompany's Dun & B	radstreet Number	NA X											

(IMP	ORTANT: Type or print; rea	d instructions be	fore completing	form)				Approv	al Expires	01/31/200)6		Page	2 of 5
TRI Facility ID Number														
		FC	ORM R	ie.							3108RI			
	PART II. TOXIC	CHEMICAL	L RELEASE	INVE	NTORY	Y REPO	DRTING	FOR	M	Toxic	Chemical,	Category	or Generi	c Name
										Ma	nganes	se		
SEC	TION 1. TOXIC CH	EMICAL II	DENTITY	1	(Importa	int: DC	NOT co	mplete	this sect	ion if you	complet	ed Sectio	n 2 belo	w.)
	CAS Number (Important: E	nter only one n	umber exactly a	s it appea	ars on the	Section 3	13 list. Er	nter cate	gory code	if reportin	g a chemic	al categor	y.)	
	7439-96-5 Toxic Chemical or Chemica	1 Caraman, Non	(]	Coden and					L G	712 ()				
1.4	Manganese	il Category Nan	ie (important: i	anter on	v one nam	ie exactiy	as it appe	ars on t	ne Section	313 (ISt.)				
	Generic Chemical Name (Ir	nportant: Comp	elete only if Part	t 1, Section	on 2.1 is cl	hecked"	yes". Gene	eric Na	ne must be	structural	ly descript	íve.)		
1.3														
1.4	Distribution of Each Mem If there are any numbers in he reported in percentages a	boxes 1-17, the	n every field mi	ust be fill	ed in with	either 0	or some n). Distribu	tion should	i	
be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 NA Y														
NA 3					9-1-									
SEC	TION 2. MIXTURE	COMPONE	NT IDENT	ITY	(Imp	ortant:	DO NO	T com	plete this	section is	you com	pleted Se	ection 1	above.)
	Generic Chemical Name Pro	ovided by Suppl	ier (Important:	Maximu	m of 70 cl	aracters	including	numbe	rs, letters,	spaces and	punctuation	on.)		
2.1	*								- 1					
SEC	TION 3. ACTIVITI	ES AND US	ES OF THI	E TOX	IC CHI	EMICA	L AT T	HE F	ACILIT	Ϋ́				
	(Importan	it: Check all	that apply.)											
3.1 N	Manusacture the toxic	chemical:	3.2	Pro	ocess th	e toxic	chemica	al:	3.3	Otherwi	se use th	ne toxic	chemic	al:
a. 5	Produce b.	mport		400	reactant									
,	If produce or impor	rt	a		formulati	on 00m	nonant		a		emical pro		aid	
c.	For on-site use/pro	-	b						b.		nufacturi			
d.	For sale/distributi	on	d. X		article o	ompone	ent		c	Ancillar	y or other	r use		
e.	As a byproduct X As an impurity		le.		ckaging impurity	v								
T. L	TION 4. MAXIMUM	LANCATAIR					MOUTE	17 13	1317 JUNE 1	PUDD	IC TRICE	CAYEN	TD A D	LAG AND
4.1		vo digit code fr				CALO	NSITE F	AI AI	7 111(/1	DUKI	W HA	CALE	IDAK Mari	IEAK BE B
						annic	D A CITY							
SEC.	TION 5. QUANTIT	Y OF THE	TOXIC CHE				EACH	ENVI	RONMI	SNIAL	MEDIUN	M ONSI	LE	
			A. Total Rele (Enter a ra		(pounds/y		100-0400000000		stimate		C. % Fro	m Storm	water	
			(Ellier a la	ilge cou	ic of c	stimate)	(er	nter co	1e)	- 1				
	Fugitive or non-point	NA X												
	Stack or point air emissions	NA X									19.			
5.3	Discharges to receiving s water bodies (enter one n					jr⊒i I					# **			. 0
	Stream or Water Bod		Think or sensitive production	and the same		and was a second		S(a)	10-14-111-114		A SPECIE NO PROPERTY	Colora des ou desta	20 10 10 10 10 10 10 10 10 10 10 10 10 10	Charles and a
5.3.1	NA													
5.3.2	NA													
5.3.3	NA													
	ional pages of Part II, S icate the Part II, Section				ne total n		of pages mple: 1,2							

				8		71pprovar.	LADITOS. 01731	72000					
	FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED) TRI Facility ID Number 98108RLMJR8531E Toxic Chemical, Category or Generic Name												
1	PART I	I. CHEMICAL				CONTINUED) T	9810 oxic Che	08RLMJF emical, Cates	R8531E gory or Generic Name			
							ĺ		ganese				
SE	CTION 5. QUANTI	TY OF THE TO	XIC CHI	EMICAL I	ENTERING E	ACH ENVIRO	ONMENTA			SITE (continued)			
			NA		Release (pounds		ange		Basis of Est enter code)	imate			
5.4.1	Underground Injection to Class I Wells	on onsite	x										
5.4.2	Underground Injection to Class II-V Wells	n onsite	x			•							
5.5	Disposal to land onsite	2	24-52			作。							
5.5.1A	RCRA Subtitle C lands	fills	x										
5.5.1B	Other landfills		X.										
5.5.2	Land treatment/applic farming	ation	\mathbb{X}										
5.5.3A	RCRA Subtitle C surface impoundments	3	X										
5.5.3B	Other surface impound	ments	X										
5.5.4	Other disposal		X										
	ION 6. TRANSFE						TE LOCAT	IONS					
	SCHARGES TO PU					Vs)							
	Total Quantity Tran		s and Ba	isis of Esti		1 6 m at a							
6.1.A.1	Total Transfers (pour (enter range code **	or estimate)			TORREST CONTROL CONTRO	is of Estimate enter code)		-1-10					
6.1.B	POTW Name												
POTW.	Address				24								
City			State		County	,				Zip			
6.1.B	POTW Name												
POTW /	Address												
City			State		County					Zip			
If additi	ional pages of Part II, Se	ection 6.1 are attach ate the Part II, Sect				(example	:: 1,2,3, etc.)						
SECT	ION 6.2 TRANSFER	S TO OTHER O	OFF-SITE	E LOCATI	ONS								
6.2. <u> </u>	, Off-Site EPA Identific	ation Number (RCI	RAID No.)	ORD 0894	52353							
Off-Site	e Location Name	Chemical Wa	iste !	Manag e r	ment of t	he North	vest						
Off-Site	Address 1	7629 Cedar	Sprin	ngs Lar	ne								
City	Arlington		Char	Oregon	County	Gilliam	i	Zip	97812	(Non-US)			
Is locati	on under control of repo	orting facility or par	ent compa	nv?			Yes		v	No			

(IIVII-OKTAIVI.)	Type of print, read instructions o	etore completing form)	. Appr	ovai Expires: 01/31/2006	1 age 4 01 5			
PAI] RT II. CHEMICAL-S	TRI Facility ID Number 98018RLMJR8531E Toxic Chemical, Category or Generic Name						
SECTION 6.2	TRANSFERS TO OTE	HER OFF-SITE LOCATIONS	(CONTINUED)	Mangane	se			
A. Total Trans	sfers (pounds/year*) e code**or estimate)	B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/				
1. 25,38		1. M		Recycling/Energy Recovery (enter code) 1. M 41				
2.	-	2.		2. M				
3.		3.		3. M				
4,	·	4.		4. M				
	Site EPA Identification Numb		00014886	1	-			
Off-Site Location	Name Wasco Co	unty Landfill						
Off-Site Address	2550 Ste		· · · · · · · · · · · · · · · · · · ·					
City Dalle		Oregon County Wasco	Zip c	97058	(Non-US)			
	control of reporting facility of		Yes		No X			
	rs (pounds/year*) ode**or estimate)	B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)				
1. 61,32	4 250,000	1. M		1. M 64				
2.		2.		2. M				
3.		3.		3. M				
4.		4.	* 18	4. M				
SECTION 7A.		EATMENT METHODS AND						
X Not Applic	able (NA) -	to on-site waste treatment is applied ontaining the toxic chemical or chemical						
a. General Waste Stream (enter code)	b. Waste Treatmer [enter 3-chara	nt Method(s) Sequence acter code(s)]	c. Range of Influe Concentration		e. Based on Operating Data?			
7A.1a	7A.1b	2	7A.1c	7A.1d 7A.1e				
	3 4 7	5 8		%	Yes No			
7A.2a	7A.2b 1	2	7A.2c	7A.2d	7A.2e			
	6 7	5 8		%	Yes No			
7A.3a	7A.3h 1	2	7A.3c	7A.3d	7A.3e			
	6 7	5 8		%	Yes No			
7A.4a	7A.4b 1	2	7A.4c	7A.4d	7A.4e			
	3 4 7	5 8		%	Yes No			
7A.5a	7.A.5b 1	2	7A.5c	7A.5d	7A.5e			
	3 4 7	5 8		%	Yes No			
If additional pages	of Part II. Section 6.2/7A ar	e attached, indicate the total numb	er of pages in this box	x T				

(example: 1,2,3,etc.)

and indicate the Part II, Section 6.2/7 page number in this box:

Page 5 of 5 (IMPORTANT: Type or print; read instructions before completing form) Approval Expires: 01/31/2006 TRI Facility ID Number FORM R 98108RLMJR8531E PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED) Toxic Chemical, Category or Generic Name Manganese SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES Check here if no on-site energy recovery is applied to any waste Not Applicable (NA) stream containing the toxic chemical or chemical category. Energy Recovery Methods [enter 3-character code(s)] 1 SECTION 7C. ON-SITE RECYCLING PROCESSES Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category. Recycling Methods [enter 3-character code(s)] 5 6 8 10 SECTION 8. SOURCE REDUCTION AND RECYLING ACTIVITIES Column A Column B Column C Column D Current Reporting Year Prior Year Following Year Second Following Year (pounds/year*) (pounds/year*) (pounds/year*) (pounds/year*) 8.1 Total on-site disposal to Class I Underground Injection Wells, RCRA NA NA NA NA 8.1a Subtitle C landfills, and other landfills Total other on-site disposal or other NA NA NA NA 8.1b releases Total off-site disposal to Class I -104,917310,000 **---95-,378**280,00**0** Underground Injection Wells, RCRA 363,665 ---86,-708-250,000 Subtitle Clandfills, and other landfills Total other off-site disposal or other ---NA----31,000 --NA----25,000 -NA----28,000 NA releases Quantity used for energy recovery NA NA NA NA Quantity used for energy recovery 8.3 NA NA NA NA offsite Ouantity recycled 8.4 NA NA NNA onsite NA NA 8.5 Quantity recycled offsite NA NA NA 8.6 Quantity treated onsite NA NA NA NA 8.7 Ouantity treated offsite NA NA NA NA Quantity released to the environment as a result of remedial actions, catastrophic events, 8.8 or one-time events not associated with production processes (pounds/year)* 2004 6227 Production ratio or activity index 8.9 Did your facility engage in any source reduction activities for this chemical during the reporting 8.10 year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11. Source Reduction Activities Methods to Identify Activity (enter codes) [enter code(s)] 8.10.1 NA 8.10.2 b. 8.10.3 b. b. a.

this report? (Check one box)

Is additional information on source reduction, recycling, or pollution control activities included with

8.10.4

8.11

Yes

No

(interest of the or print, read	nistractività octore completing i	71117		Approvat Expi	165. 017	3172000	Page 1 of 5		
.O.EDA]	FORM	M R			TRI Facility ID Nur	nber		
United States	Section 313 of the E					98108RLMJR8531E			
Environmental Protection	Right-to-Know Act				-	Toxic Chemical, Category or Generic Name			
Agency	Superfund Amendm	ents and	Reauthorization	Act		Nicke			
WHERE TO SEND COMPLI			-	PPROPRIATE S		1.	Enter "X" here if his is a revision		
	P. O. Box Lanham,	MD 20703		ee instructions in	n Apper		or EPA use only		
			EMICAL RELEASE						
IMPORTANT: See instru	ctions to determine when	"Not App	olicable (NA)" bo	xes should be o	hecke	d			
			IDENTIFICA	TION INFO	DRM.	ATION			
SECTION 1. REPOR	TING YEAR 2004			_					
SECTION 2. TRADE	SECRET INFORM	ATION							
	ic chemical identified on p	age 2 trade							
2.1 Yes (Answer ques	11011 2.2, X		answer 2.2; 2.2	Is this copy		Sanitized	Unsanitized		
Attach substa	ntiation forms)	Go to S	ection 3)	(Answe	er only	if "YES" in 2.1)	_		
SECTION 3. CERTIF	ICATION (Import	ant: Re	ad and sign af						
I hereby certify that I have review				•	_		•		
the amounts and values in this rep	port are accurate based on reason	nable estima	ates using data availal	ble to the preparer	s of this	report.	3		
Name and official title of owner/o	perator or senior management o	fficial:		Signature:			Date Signed:		
Ronald Altier, V	ice President Ad	minist	ration	Fran	Al	1 1901	6/29/05		
SECTION 4. FACIL				Ro	10/	let Ath	21/2		
4.1			Facility ID Number	98108	ILM.TE	3531E	a x / b / ll		
Facility or Establishment Name			ity or Establishment N		_	The state of the s	eet address)		
Jorgensen Forge	Corporation	Mail	ing Address				· · · · · · · · · · · · · · · · · · ·		
8531 E Mar	ginal Way S								
City/County/State/Zip Code	ing County WA 98	_	State/Zip Code				Country (Non-US		
2 This report contains information		An entire	E []	Part of a		A Federal			
(Important: Check a or b; check					: []	facility	d, GOCO		
.3 Technical Contact Name	onald Altier`		-			phone Number (include area code)			
Email Address					140	001 010-924	+7		
1.4 Public Contact Name	altier@jorgensen	forge.	com		Talanho	ne Number (include	arm anda)		
	onald Altier					676-924			
.5 SIC Code (s) (4 digits)	Primary b.			d.			f		
6 Latituda Degrees	Minutes Secon	ds	C. Longitude	Q. Degrees		e. Minutes	Seconds		
.6 Latitude Degrees 047	31 31			122		18	18		
Dun & Bradstreet Number (s) (9 digits)	4.8 EPA Identification Numb (RCRA ID No.) (12 char	er acters)		IPDES Permit s) (9 characters)			and Injection Well Code Number(s) (12 digits)		
790885842	a. WAD00060281		a. NA			a. NA			
	b.		b.			b.			
SECTION 5. PAREN	T COMPANY INFO	KMATI	ON						
5.1 Name of Parent Company	NA X								
5 2 Parent Company's Dun & Br	adstreet Number NA X	IT	 						

Approval Expires: 01/31/2006

(IMI)	PORTANT: Type or print: rea	d instructions be	fore completing form)		Appr	oval Expires: 0	1/31/2006	i		Page	2 of 5
							TRI Fac	lity ID N	umber		
		FC	ORM R				98	108RLI	MJR85	31E	
	PART II. TOXIC	CHEMICAL	RELEASE INV	ENTORY REP	ORTING FO	RM	Toxic Chemical, Category or Generic Na				c Name
١			o reducing in the	DITTOICI TED	011111010	1411	Nickel			Tiutile	
SE	CTION 1. TOXIC CH	EMICAL II	ENTITY	(Important: De	NOT comple	te this section	_	tenderal control of the last o	d Section	n 2 helo	1
-	CAS Number (Important: E										14.)
1.1	7440-02-0	anci only one ii	iniber exactly as it app	bears off the Section	JIJ IISt. Effet Ca	negory code ir	reporting	a CHEITICA	u category	y. 1	
1.2 -	Toxic Chemical or Chemica	al Category Nan	ne (Important: Enter o	nly one name exactl	y as it appears or	the Section 31	3 list.)				
1.2	Nickel							15			
1.3	Generic Chemical Name (Tr	nportant: Comp	lete only if Part 1, Sec	tion 2.1 is checked '	yes". Generic N	ame must be st	ructurally	descriptiv	ve.)		
1.4	Distribution of Each Mem (If there are any numbers in					- hatwaan 0 01	and 100	Dietributi	ion should	,	
	be reported in percentages a							Distributi	ion snoun	1	
-	1 2 3		5 6 7	8 9		1 12	13	14	15	16	17
NA	x			.5							
SEC	CTION 2. MIXTURE	COMPONE	NT IDENTITY	(Important	DO NOT cor	nplete this se	ction if	you comp	oleted Se	ection 1	above.)
T	Generic Chemical Name Pro	ovided by Suppl	ier (Important: Maxin								
2.1	7										
SEC	CTION 3. ACTIVITI	TO AND TIE	TE OF THE TO	VIC CHEMIC	AT AT THE	EACH ITY					
SEC		it: Check all		AIC CHEMICA	ALAI INE	FACILITI					
3.1	Manufacture the toxic			rocess the toxic	chemical:	3.3 0	therwis	e use th	e toxic	chemic	ral.
			3.2 2	Toocss are toxic	onomioa,	3.5 0			- 10/110	-	-
a.	Produce b. If produce or impor	[mport	a. As	a reactant		a A	s a cher	nical pro	cessing	aid	
C.	For on-site use/pro		b. As	a formulation con	nponent	b. A	s a man	ufacturin	ng aid		
1 4	For sale/distributi		c.X As	an article compon	ent	C A	ncillary	or other	use		
e.	As a byproduct		d. Rep	ackaging							
f.	X As an impurity		e. As a	an impurity							
SEC	CTION 4. MAXIMUM	AMOUNT	OF THE TOXIC	CHEMICAL C	NSITE AT A	NY TIME	DURIN	G THE	CALEN	DAR	YEAR
4.1	02 (Enter tw	vo digit code fr	om instruction packa	age.)		1.640			i j		
SEC	TION 5. QUANTIT	Y OF THE	TOXIC CHEMIC	AL ENTERING	EACH EN	IRONMEN	TAL M	EDIUM	I ONSI	TE	
-			A. Total Release	(pounds/year*)	T						
			NAME OF TAXABLE PARTY.	ode** or estimate)	B. Basis of		10	C. % From	m Storm	water	
			(2		(onto)	out)					
5.1	Fugitive or non-point air emissions	NA X									
5.2	Stack or point	NA 🔻							j.,		78
5.3	air emissions Discharges to receiving s	treams or		Y WOUNT TO THE			10 25 4 4 50			REPORT OF	
	water bodies (enter one n	ame per box)									
	Stream or Water Bod										
5.3.1	NA										
5.3.2	NA					7					
		 									
5.3.3	NA										
	tional pages of Part II, S dicate the Part II, Section				of pages in th mple: 1,2,3. e						

/Avi	Approval Expires 01/31/2006									
			FΩ	RM R				TRI Facility ID		
	PART II	. CHEMICAL -			RMATION (CONTINUED	`	98108RI Toxic Chemical	MJR853 Category or	Generic Name
			0. 20.		· in	contintobb,	,		, , ,	- Traine
SE	CTION 5. QUANTI	TY OF THE TO	KIC CHI	EMICAL I	ENTERING E	ACH ENVIRO	NMEN.	Nickel TAL MEDIUM	ONSITE	(continued)
			NA		Release (pound	s/year*) (enter ra	inge	B. Basis	of Estimate	
5.4.1	Underground Injection to Class I Wells		x							
5.4.2	Underground Injection to Class II-V Wells	onsite	x			•				
5.5	Disposal to land onsite		2	10 m	ALT W	M. W. M	117			74.77
5.5.1A	RCRA Subtitle Clandf	ills	X						18 22,49	
5.5.1B	Other landfills		X.							
5.5.2	Land treatment/application	ation	X							
5.5.3A	RCRA Subtitle C surface impoundments		X							
5.5.3B	Other surface impound	ments	X							
5.5.4	Other disposal		X							
	ION 6. TRANSFE						E LOC	ATIONS		
	SCHARGES TO PUI					Ws)				
	Total Quantity Trans Total Transfers (pour		s and Ba	asis of Esti		sis of Estimate				
6.1,A.1	(enter range code **	or estimate)				(enter code)				
6.1.B	POTW Name				<u> </u>					
	Address									
City			State		Count	у			Zip	
6.1.B	POTW Name									
POTW	Address									
City	· · · · · ·		State		County	,			Zip	
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box (example: 1,2,3, etc.)										
SECT	ION 6.2 TRANSFER	S TO OTHER O	FF-SITE	E LOCATI	ONS					
6.2X] , Dff-Sjte EPA Identific	ation Number (RCF	LA ID No.)	ORD 0894	52353				
Off-Site	Location Name	Chemical Wa	ste	Manager	ment of t	he Northw	rest			
Off-Site	Address 1	7629 Cedar	Sprin	ngs Lar	ıe					
City	Arlington		State (Oregon	County	Gilliam		Zip 97		ountry Ion-US)
Is location under control of reporting facility or parent company? Yes X No										

FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED) SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (CONTINUED) A. Total Transfers (pounds/year*) (enter range code**or estimate) (enter code) TRI Facility ID Number 98018RLMJR8531E Toxic Chemical, Category or Generic Na Nickel C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)											AJR8531E Category or Generic Name		
^{1,} 698				1. M				+	Recycling/Energy Recovery (enter code) 1. M 41				
2.				2.	-			+	2. M				
3.				3.					3. M				
4.				4,				1	4. M	. i v			
6.2 Off-S	ite EPA	Identification	Numl	ber (RCRA ID N	o.) OR	Q0000	14886						
Off-Site Location	Name	Wasco (Cour	ity Landfill									
Off-Site Address	255	0 Steele I	Road										
City The Dal	les	5	State	OR c	County W	asco	Zip 9	70)58		(Non-US)		
Is location under o	control c	of reporting fa	cility (or parent compar	ıy?		Yes				No X		
A. Total Transfers (pounds/year*) (enter range code**or estimate)				B. Basis of Estimate (enter code)					C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)				
1. 28,000				1.					1. M				
2.				2.					2. M				
3.				3.					3. M				
4.				4.					4. M				
SECTION 7A.	ON-S												
X Not Applic	able (Na	4)-		no on-site waster ontaining the tox			-		<u>*</u>				
							Concentration Ei		Eff	astc Treatment ficiency timate	e. Based on Operating Data?		
7A.1a	7A.1b		1		2		7A.1c 7A.1d 7A.1e						
	6		7		5 8	-				%	Yes No		
7A.2a	7A.2b		, 1		2		7A.2c		7,	2d	7A.2e		
	3 6		4 7		5	\dashv				%	Yes No		
7A.3a	7A.3b	<u> </u>	1	2 7A.3c			7A,3c		7,	A.3d	7A.3e		
	3 6		7		5 8					%	Yes No		
7A.4a	7A.4b		1		2		7A.4c		7,	1.4d	7A.4e		
	3 6		4 7		5					%	Yes No		
7A.5a	7A.5b		1		2		7A.5c	_	7.	\.5d	7A.5e		
	3 6		4 7		5	-				%	Yes No		
If additional pages								ох					

	TRI Facility ID Number										
	FORM R 98108RLMJR8531E										
	PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED) Toxic Chemical, Category or Generic Na										
						Nicke1					
SE	CTION 7B. ON-SITE EN										
X	I NOT ADDITIONE (NA) -		no on-site energy recovery is ning the toxic chemical or che	The state of the s							
	Energy Recovery Methods [er	nter 3-charact	ter code(s)]								
	1		2.	. 3							
SE	CTION 7C. ON-SITE R										
X	Not Applicable (NA) -		on-site recycling is applied to ng the toxic chemical or chemi	1000-1000-000		**					
	Recycling Methods [enter 3-cl										
ιГ		2	3.				5				
·				9	<u> </u>						
6		7	8				10				
SEC	TION 8. SOURCE REI	DUCTION			T						
			Column A Prior Year	Column B Current Reporting Year	Column Followin		Column D Second Following Year				
			(pounds/year*)	(pounds/year*)	(pounds/		(pounds/year*)				
8.1						i. 2					
8.1a	Total on-site disposal to C Underground InjectionWel Subtitle C landfills, and ot	ls, RCRA	NA	NA	NA		NA				
8.1b	Total other on-site disposa releases	l or other	NA	NA	NA		NA				
8.lc	Total off-site disposal to C Underground Injection We Subtitle C landfills, and of	lls, RCRA	0	698 28,000		8 31,000°	844 34,000				
8.1d	Total other off-site disposa releases	al or other	NA	NA700	NA	770	850				
8.2	Quantity used for energy ronsite	ecovery	NA	NA	NA		NA				
8.3	Quantity used for energy re offsite	ecovery	NA	NA	NA NA						
8.4	Quantity recycled onsite		NA	NA		NNA					
8.5	Quantity recycled offsite		NA [.]	NA ·	NA		NA				
8.6	Quantity treated onsite		NA	NA	NA		NA				
8.7	Quantity treated offsite		NA	NA	NA		NA				
8.8			s a result of remedial action production processes (pour								
8.9	Production ratio or activity		2004 6227	= 1.66							
8.10			reduction activities for this of the control of the	chemical during the reporting							
	Source Reduction Activities Methods to Identify Activity (enter codes) [enter code(s)]										
8.10.1	NA	a.		b.		c.					
8.10.2	A1A1	a.		b.		c.					
8.10.3		a.		b.		c.					
8.10.4		a.		b		c.					
8.11	Is additional information on source reduction, recycling, or pollution control activities included with Yes No										